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Date:	September 20, 2006
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Number of Pages:	5 (Including Cover Sheet)
Operator:	
Our Reference:	06288.P001

SUBJECT:	Application No. 10/659546
REMARKS:	On December 14, 2005 our Deposit Account No. 02-2666 was charged the amount of \$100 for fee code 2201 (independent claims in excess of 3) and \$425 for fee code 2202 (claims in excess of 20). We have received a Notice regarding Change of Power of Attorney on 10/11/05 (see enclosed copies). Therefore, we respectfully request that the \$525.00 be credited back and remove our Deposit Account No. 02-2666 from this application. Thank you.

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/659,546	09/09/2003	Gaines Thomas Ray	6288P001

08781
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12400 WILSHIRE BOULEVARD
SEVENTH FLOOR
LOS ANGELES, CA 90025-1030

CONFIRMATION NO. 3061

000000001722048

Date Mailed: 10/11/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/05/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record (37 CFR 1.33).

Haimanot Christian
HAIMANOT CHRISTIAN
PTOSS (703) 305-0677

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PT 3/5B/92 (10-00)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/659,546
Filing Date	09/09/2003
First Named Inventor	Gaines, Thomas Ray
Group Art Unit	3752
Examiner Name	Seth E. Barney
Attorney Docket Number	6288Pool

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	R. Keith Harrison- Patent Agent			
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Address				
City	Shreveport			
Country	U.S.A.	State	LA.	ZIP 71105
Telephone	318/797-7160	Fax	318/797-7130	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name	Thomas A. Agee, C.E.O., STT Product Development, Inc.
Signature	<i>Thomas A. Agee</i>
Date	9/29/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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